



CITY OF SAN ANTONIO
DEVELOPMENT SERVICES DEPT.
1901 S. ALAMO
SAN ANTONIO, TX 78204
ATTENTION: PLUMBING DIVISION

TEST AND MAINTENANCE REPORT – BACKFLOW PREVENTION ASSEMBLY

Please be advised that we have made the following periodic test as required by the TCEQ Regulations and the San Antonio Plumbing Inspections Department Cross Connection Control Program and report the following:

Assembly Location / Unit Being Protected _____

(Circle One) RP DC PVB SPVB RPDA DCDA

Name and Model of Assembly _____ Assembly Serial # _____ Size _____

Service Address: _____ New _____ Existing _____ Replacement _____

Customer Number _____ Test Gauge ID # _____ S/N Old Assembly _____

	CHECK #1 VALVE	CHECK #2 VALVE	DIFF. PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER
INITIAL TEST	1. Leaked () 2. Closed Tight ()	1. Leaked () 2. Closed Tight ()	Opened at _____ lbs. Reduced Pressure Did Not Open ()	Air Inlet Opened at _____ PSID Did Not Open ()
R E P A I R S	Cleaned () Replaced: Disc () DS Spring () SP Guide () GU Pin Retainer () PR Hinge Pin () HP Seat () SE Diaphragm () DP Other, describe () OT	Cleaned () Replaced: Disc () DS Spring () SP Guide () GU Pin Retainer () PR Hinge Pin () HP Seat () SE Diaphragm () DP Other, describe () OT	Cleaned () Replaced: Disc: Upper () DU Lower () DL Spring () SP Diaphragm: Large: Upper () LU Lower () LL Small () DP Seat: Upper () SU Lower () SL Spacer: Lower () SC Other, describe () OT	Check Valve Held at _____ PSID Leaked () Cleaned () Replaced: Air Inlet Disc () Check Disc () Air Inlet Spring () Check Spring () Other, describe ()
FINAL TEST	P.S.I. Drop (R/P) _____ Closed Tight ()	Closed Tight ()	Opened at _____ lbs. Reduced Pressure	Air Inlet _____ PSID Check Valve _____ PSID

CERTIFICATIONS:

- I hereby certify that the foregoing data is accurate and reflects the proper operation and maintenance of the captioned equipment. I personally performed or directly supervised the field test herein described. I hereby certify that the Test Gauge listed above has been Certified within the last twelve (12) months. The assembly is installed in accordance with manufacturer recommendations and/or local codes. **YES** _____ **NO** _____

DATE _____ TIME _____ AM / PM TESTER ID# _____ (Three digit San Antonio tester number)

SIGNATURE OF CERTIFIED TESTER _____

PLUMBING COMPANY _____

- I hereby certify the assembly has been in constant use at this location in a manner approved by the San Antonio Plumbing Inspections Department during the entire prescribed interval between test periods and during this period this assembly was not by-passed, made inoperative or removed without proper authorization. All defects found during the operating period or during tests of the assembly were immediately corrected to the specification and approval of the San Antonio Plumbing inspections Department.

FIRM/BUSINESS NAME _____

ADDRESS _____

TELEPHONE NO. _____

TITLE _____

DATE _____